



**NURSING ASSISTANT TRAINING PROGRAM CURRICULUM VERIFICATION OF:
REQUIREMENTS - 42 CFR 438.152 AND WAC 246-841-400 AND 246-841-490 (NATCEP)**

NAME OF SCHOOL		DATE OF APPLICATION/RENEWAL
PLEASE CHECK: <input type="checkbox"/> New Program <input type="checkbox"/> Program Renewal		PROGRAM NUMBER
<p>Use this form to verify where the OBRA and State curriculum requirements are taught in your training program. Note: Check <u>both</u> if a curriculum requirement has been met <u>and</u> identify where in the curriculum submission the specific requirement is address. Example: Infection Control: Page 7, #2-a, b, c. (Reference the training curriculum outline or other substantive curriculum documentation - not the textbook.) Attach a copy of your current curriculum outline or other referenced curriculum documentation.</p>		
Program Renewals: Check only the box indicating that the minimum requirement is met.		
OBRA (FEDERAL) REQUIREMENTS	REQUIREMENT IS MET	IDENTIFY PAGE AND LOCATION
At least 16 hours of training prior to contact with residents. Includes: 1-5		
1. Communication and interpersonal skills		
2. Infection control		
3. Safety/emergency procedures, including the Heimlich maneuver		
4. Promoting residents' independence		
5. Respecting residents' rights		
Basic nursing skills 6-10		
6. Taking and recording vital signs		
7. Measuring and recording height and weight		
8. Caring for the residents' environment		
9. Recognizing abnormal changes in body functioning and the importance of reporting changes to a supervisor		
10. Caring for residents when death is imminent		
Personal care skills, including, but not limited to: 11-18		
11. Bathing		
12. Grooming, including mouth care		
13. Dressing		
14. Toileting		
15. Assisting with eating and hydration		
16. Proper feeding techniques		
17. Skin care		
18. Transfers, positioning and turning		

OBRA (FEDERAL) REQUIREMENTS	REQUIREMENT IS MET	IDENTIFY PAGE AND LOCATION
Mental health and social service needs 19-23		
19. Modifying aide's behavior in response to residents' behavior		
20. Awareness of developmental tasks associated with the aging process		
21. How to respond to resident behavior		
22. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity		
23. Using resident's family as a source of emotional support		
Care of cognitively impaired residents 24-28		
24. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others		
25. Communicating with cognitively impaired residents		
26. Understanding the behavior of cognitively impaired residents		
27. Appropriate responses to the behavior of cognitively impaired residents		
28. Methods of reducing effects of cognitive impairments		
Basic restorative services 29-34		
29. Training the resident in self care according to the resident's ability		
30. Use of assistive devices in transferring, ambulation, eating and dressing		
31. Maintenance of range of motion		
32. Proper turning and positioning in bed and chair		
33. Bowel and bladder training		
34. Care and use of prosthetic and orthotic devices		
Resident's rights 35-41		
35. Providing privacy and maintenance of confidentiality		
36. Promoting the resident's right to make personal choices to accommodate their needs		
37. Giving assistance in resolving grievances and disputes		
38. Providing needed assistance in getting to and participating in resident and family groups and other activities		
39. Maintaining care and security of resident's personal possessions		
40. Promoting the resident's right to be free from abuse, mistreatment and neglect and the need to report any such treatment to appropriate facility staff		
41. Avoiding the need for restrains in accordance with current professional standards		

**CURRICULUM VERIFICATION OF STATE REQUIREMENTS THAT ARE IN ADDITION TO
OBRA REQUIREMENTS AS SPECIFIED IN WAC 246-841-400 AND 246-841-490 (NATCEP)**

STATE REQUIREMENTS	REQUIREMENT IS MET	IDENTIFY PAGE AND LOCATION
CPR Training		
Measures and records fluid and food intake and output of client		
Reports client's concerns		
AIDS Education		
Reads, writes, speaks and understands English at the level necessary for performing duties of the nursing assistant		
Listens and responds to verbal and nonverbal communication in an appropriate manner		
Recognizes how one's own behavior influences clients behavior and know resources for obtaining assistance in understanding client's behavior		
Makes adjustments for client's physical or mental limitations		
Uses terminology accepted in the health care facility to record and report observations and pertinent information		
Records and reports observations, actions and information accurately and timely		
Demonstrates ability to explain policies and procedures before and during care of client		
Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions		
Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another		
Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces		
Provides adequate ventilation, warmth, light and quiet measures		
Uses measures that promote comfort, rest, and sleep		
Promotes clean orderly and safe environment and equipment for the client		
Identifies and utilizes measures for accident prevention		
Identifies and demonstrates principles of body mechanics		
Demonstrates proper use of protective devices in care of clients		
Demonstrates knowledge of fire and disaster procedures		
Identifies and demonstrates principles of health and sanitation in the service of food		
Demonstrates the proper use and storage of cleaning agents and other potential hazardous materials		
Demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client Abuse and Neglect, Client Complaint Procedures, Workers right to know and the Uniform Disciplinary Act		
NUMBER OF TOTAL HOURS OF TRAINING PROGRAM	NUMBER OF CLINICAL HOURS	NUMBER OF CLASSROOM HOURS
PROGRAM DIRECTOR SIGNATURE		DATE
NAME OF TRAINING PROGRAM		TELEPHONE NUMBER